

100 West Randolph Street, 14-300 Chicago, IL 60601

## HOME SCHOOLING REGISTRATION SCHOOL YEAR BEGINNING IN FALL (Provide Year)

## **ROE/ISC DEPARTMENT**

<u>Directions</u>: Please complete all areas of this form and submit it to the Illinois State Board of Education at the following e-mail address hsregist@isbe.net. This form is electronically fillable and you need to save it prior to submitting it via e-mail.

This completed form shall serve have registered with the Illinois	e as notice to any school di State Board of Education	istrict, Regional Of as home school s	ffice of Ed tudents.	ducation, o	or truant offic	cer that the indicated parties	
Registration is voluntary a	nd is not a requireme	nt to home sch	ool stud	lents.			
NAME(S) OF PARENT(S) OR GUARDIAN(S)			COUNTY				
ADDRESS (Street, City, State, Zip of	TELEPH	TELEPHONE (Include Area Code) FAX (Include Area C					
		E-MAIL					
Provide the full name of each cl	nild being taught and infor	mation for the curr	rent scho	ol year:			
				GENDER			
NAME		GRADE		MALE	FEMALE	DATE OF BIRTH	
Provide information on the last	oublic or nonpublic school	attended (if applic	cable):				
CHILD	schoo	L NAME	PUBLIC NONPI		NONPUBLIC	DATE OF BIRTH	
					ly one)		
			1				
			1				
Provide the name of the curricul	um to be used:						
Education areas being taught (c (Section 26-1 of the School Coo	heck all that apply): le states that areas of edu	cation must be tau	ught in the	e English	Language)		
Language Arts	☐ Mathematics	3	☐ Biological and Physical Sciences				
Social Sciences	☐ Fine Arts		Physical Development and Health				
Other (please specify):							